

MODEL STANDING ORDERS

**Meningococcal Polysaccharide Vaccine
(Groups A, C, Y and W-135 Combined)**

These model standing orders are current as of April 2004. They should be reviewed carefully against the most current recommendations and may be revised by the clinician signing them.

Meningococcal vaccine is indicated for individuals ≥ 2 years of age in the following groups:

- persons who have terminal complement component or properdin deficiencies (C3, C5-C9);
- persons who have anatomic or functional asplenia; and
- travelers to areas with hyperendemic or epidemic meningococcal disease caused by a vaccine-preventable serogroup.

Meningococcal vaccine may be considered for individuals ≥ 2 years of age in the following groups:

- research, industrial, and clinical laboratory personnel who are routinely exposed to *N. meningitidis* that is aerosolized or in solution;
- incoming college freshmen, particularly those living in dormitories; and
- any other persons, including other college students, wishing to reduce their risk of disease.

Outbreak Control

Meningococcal vaccine may be used for individuals ≥ 2 years of age as an adjunct to chemoprophylaxis in the control of outbreaks caused by the vaccine serogroups in populations delineated by community or institutional boundaries, where the number of cases exceeds defined thresholds.

Revaccination

Revaccination may be indicated for persons at high risk of infection (see above). If new or continued risk of exposure occurs, revaccination should be considered as follows:

- Children first immunized at < 4 years of age should be considered for revaccination after 2 - 3 years if they remain at high risk; and
- Children and adults initially immunized at ≥ 4 years of age should be reimmunized 3 - 5 years later (although the need for revaccination in this group has not yet been definitively determined).

Clinician's Signature

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Date

ORDER:

1. Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) and answer any questions.
2. Screen for contraindications according to Table 1.
3. Administer meningococcal vaccine 0.5 ml subcutaneously (SC), in the anterolateral aspect of the thigh or the upper outer triceps area by injecting the needle at a 45° angle in a pinched-up fold of skin and SC tissue. Use a 5/8- to 3/4-inch, 23- to 25-gauge needle. **Always check the package insert prior to administration of any vaccine.**

Notes:

- Menomune (meningococcal polysaccharide vaccine) must be discarded 35 days after reconstitution;
 - Children 3 – 23 months of age should receive 2 doses, ≥ 3 months apart.
4. Administer meningococcal vaccine simultaneously with all other vaccines indicated, according to the recommended schedule and patient's vaccine status.
 5. If possible, observe patient for an allergic reaction for 15 – 20 minutes after administering vaccine.
 6. Facilities and personnel should be available for treating immediate hypersensitivity reactions.
 7. Report clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967, or via the VAERS website: www.vaers.org.
 8. Please see the MIP document, *General Protocols for Standing Orders*, for further recommendations and requirements regarding vaccine administration, documentation, and consent.

Table 1. Contraindications and Precautions to Meningococcal Vaccine

Valid Contraindications to Meningococcal Vaccine	Invalid Contraindications (Meningococcal vaccine should be given)
Anaphylactic reaction to previous dose of meningococcal vaccine, thimerosal ¹ , latex, or to any other component of the vaccine (see package insert for specific components) ²	Mild illness with or without a low-grade fever
	Local reaction to previous dose of meningococcal vaccine
Precautions to Meningococcal Vaccine: <ul style="list-style-type: none">• Moderate-to-severe acute illness, with or without fever (temporary precaution)	Non-anaphylactic allergy to any component of the vaccine
	Personal or family history of nonspecific allergies
	Immunosuppression ³
	Pregnancy ⁴

¹ Persons with a history of anaphylaxis to thimerosal should only receive Menomune[®] from a single-dose vial preparation, which does not contain thimerosal. (Footnotes continued next page)

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- ² Persons with a history of anaphylaxis to a vaccine component, but who are at risk for meningococcal disease, should be referred to a health care provider for evaluation and possible administration of meningococcal vaccine.
- ³ Persons whose spleens have been removed because of trauma or lymphoid tumors and persons who have inherited complement deficiencies have acceptable antibody responses to meningococcal vaccine; however clinical efficacy of vaccine has not been documented in these patients, and they may not be protected by vaccination.
- ⁴ Meningococcal polysaccharide vaccines should be considered for pregnant women at increased risk for meningococcal disease.

References:

ACOG (American College of Obstetricians and Gynecologists). Immunization During Pregnancy. ACOG Committee Opinion No. 282, January 2003.

American Academy of Pediatrics. Active and Passive Immunization. Immunization in Special Clinical Circumstances. Meningococcal Infections. Standards for Child and Adolescent Immunization Practices (Appendix II). In: Pickering LK, ed. *Red Book: 2003 Report of the Committee on Infectious Diseases*, 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003: 7-53, 53-66, 66-93, 430-436, 795-798.

CDC. Control and prevention of meningococcal disease: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1997; 46(No. RR-5):11-21.

CDC. General recommendations on immunization: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Family Physicians (AAFP). MMWR 2002; 51 (No. RR-2):1-35.

CDC. Prevention and control of meningococcal disease and meningococcal disease and college students: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 2000; 49(No. RR-7):1-20.

National Vaccine Advisory Committee. Standards for child and adolescent immunization practices. Pediatrics 2003;112:958-963.

Poland GA, Shefer AM, McCauley M, Webster, PS, Whitley-Williams PN, Peter G, and the National Advisory Committee. Standards for adult immunization practices. Am J Prev Med 2003;25:144-150.

CDC. Use of vaccines and immune globulins in persons with altered immunocompetence: recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR 1993;42(No. RR-4): 9.

Clinician's Signature

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Date